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OCTOBER 19, 2010

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

OCT 07 2010

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

TERRANCE L. SMITH

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

VMJ

vs.

10 C 6436
Judge Amy J. St. Eve
Magistrate Judge Michael T. Mason

Marcus Hardy

Dr. Smith (Intake)

Dr. Sylv. Mahone

(3) Nurse Sarah (Jane Doe)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: TERRANCE Smith # I.D.O.C. B-41919
- B. List all aliases: JAMES MORGAN
- C. Prisoner identification number: #20100727242
- D. Place of present confinement: COOK County Jail Div #10 2-A
- E. Address: P.O. Box 089002 Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Marcus Hardy
Title: (Warden)
Place of Employment: Stateville Corrections P.O. BOX 112 Joliet, IL 60434
- B. Defendant: Sylv. Mahone
Title: (Chief Medical Administrator)
Place of Employment: Stateville N.R.C. Intake P.O. BOX 112 Joliet, IL 60434
- C. Defendant: Dr. Smith
Title: (Intake Doctor)
Place of Employment: Stateville N.R.C. Intake P.O. BOX 112 Joliet, IL 60434

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Last name is of no avail for:

(3) Nurse Sarah (Jane Doe), as the head registered nurse at Stateville N.R.C. Intake P.O. BOX 112 Joliet, IL 60434

All corrections Officers names who are mentioned in this Complaint are excluded and are only being used as witnesses to the plaintiff need of medical attention

1. Officer Willson - 7 to 3 shift
2. Officer Joseph - 3 to 11 shift
3. Officer Bennet - 7 to 3 shift
4. Sergeant Griffen - 7 to 3 shift

Complaints are not being filed against these named individuals.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Terrance Smith V.
Mathew Webber C.P.D. Chicago docket # N/A
- B. Approximate date of filing lawsuit: April 2002
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: Mathew Webber and the
Chicago police department and the city
of Chicago
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States Dist. Court Northern Dist.
- F. Name of judge to whom case was assigned: Joan Humphrey
Iefkow
- G. Basic claim made: Illegally shot in the back by
Officer Mathew Webber
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): The case was dismissed without
prejudice because I was found guilty in my
criminal case
- I. Approximate date of disposition: June of 2004

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was shot in the back in 2002 which I suffer a level-5 spinal cord injury. Because of this injury I suffer paralyses and have to catheterize myself to release urine from my body 4 times a day.

This is a potentially serious medical issue that's known by prison medical officials at Cook County Jail and Illinois D.O.C. threw my medical records from my prior conviction of 2002-2008. On the date of 2-13-2010 I was detained in Cook County Jail on new charges which violated my parole.

On 3-1-2010 I was transferred to Stateville N.R.C. Intake for this parole violation. I received a medical-dental-and mental health exam the first day in Stateville N.R.C. Intake 3-1-2010. During my medical exam, A doctor (Ms. Smith) was the examiner and was informed about my injuries. I informed (Dr. Smith) that I require four sixteen inch clear plastic straight catheters,

latex gloves, Iodine, and Sterile lubricant weekly. Dr. Smith informed me at this exam that she would Order all of my medical Supplies, and then she Prescribed me a "Special Needs permit" for a low bunk - #1 Gallery - Single Cell Alone placed on Medical unit (unit J) Cell #106 because of the Severeness of my medical injuries (Exhibit A), but yet Still no issuing of my greatly needed medical Supplies. Dr. Smith prescribed me medical treatment of which I never received and Caused me Pain and Suffering and further distress for this extremely long period of time. From the date of Intake 3-1-2010 to my release date 7-27-2010 I never received any of the mentioned above Supplies and I was forced to use the one and only Catheter I brought with me from Cook County Jail that later became Very unsanitary and infectious as time Passed from Continuous use. I waited a Very long period of time and Still never received any medical treatment or Supplies which the medical Staff at Stateville N.R.C. Intake knew of my Serious injuries. As a result of Stateville N.R.C. Intake medical Staff failure to provide

Me with said above Supplies and Medical attention being placed on a medical unit (unit J) due to the Severeness of my injuries, I Suffered a Serious and Painful Bladder infection and Sore Kidneys, and Boils with Constant urine and mucus leakage because of failure to provide antibiotics to cure and Sterile Supplies for this long period of time.

This infection is so severe to the extent my penis is very sore and swollen with infectious mucus and urine leakage from the use of the same infectious unsanitary catheter over and over daily for five months because of this on going denial. My urine has a dark brown discoloration and a very strong infectious smell now, and the infection has made my Kidney's very sore where's that its hard to breathe in and out and walk long distances.

With this Kidney injury I now have great loss of urine control that causes me to wear "Diapers" which I never had to do! My body is at it's worst now because of this long term infection and it's causing me to have large Boils on my lower extremities from my body trying to push out this severe infection on its own without the antibiotics to cure.

My infection was bound to happen because Stateville N.R.C. Intake Only gives you one Shower a week placed on a medical unit (unit J) and no new change of underclothing as Spoken of in their N.R.C. Orientation manual (Exhibit B) due to this denial of underclothing my lower extremities weren't as clean and dry as needed to stay Sanitary and infectious free with my Severe Medical Conditions, and now with infectious urine and mucus leakage. Each Cell in Stateville N.R.C. Intake has a Emergency Call Switch to retrieve medical help because of the 24 hour a day lockdown but this call switch was out of service because of the weather which caused a power outage and was never fixed from March to July 2010.

Due to Stateville N.R.C. Intake 24 hour a day lockdown I made Continuous great efforts to obtain medical attention properly to cater to my Severe diagnosed medical needs being placed on a medical unit (unit J) threw the institutions Officer Staff, and medical Staff, and the Sick Call - Greivence process by placing these Request and greivences in the Crack of the cell door with the out going mail.

This is because of no Sick Call or Greivence boxes placed on this medical unit (unit J) and no returned Copies of my claims, so I don't know where and if my medical Claims were properly placed to receive

the Medical attention I needed for this five month duration which Caused me great mental distress because of ongoing denial. However by me being placed on this Medical unit (unit J) I was Required to See a doctor Weekly if not monthly because of my Severe diagnosed medical issues and my Stateville N.R.C. Medical Records would prove this denial for five months due to Deliberate Indifference

Denial of medical Care:

1. On Mar. 1, 2010 Dr. Smith diagnosed my medical issues at Stateville N.R.C. Intake, and she prescribed my medical Supplies and a Single Cell on Medical Unit (unit J) but failed to provide my Supplies (Exhibit A).
2. On Mar. 7, 2010 I Sent out my first initial Sick Call Request for my medical Supplies, but was of no benefit.
3. On Mar. 15, 2010 I Sent out the Second Sick Call request for my medical Supplies to Dr. Sylv. Mahone who runs the Sick Call line in N.R.C. as the head doctor but again was of no benefit.
4. On Mar. 16, 2010 I Reported my issues of no medical Supplies to C/O Willson of the 7to3 shift and she retrieved nurse⁽¹⁾ Jane Doe to my Cell #106 and this nurse stated she doesn't work N.R.C. She works behind the wall of Stateville Corrections and doesn't know of my Supplies at all but she Stated she'll look into it for me but never responded back after she made her medication rounds.

5. On April 6, 2010 I initiated a greivence about the denial of my prescribed medical Supplies with Stateville Counselors, names of no avail as required in the N.R.C. Oreintation manual (Exhibit B) given to me by CLO Joseph of the 3 to 11 Shift

6. On April 18, 2010 I Complained to CLO Joseph of the 3 to 11 Shift about the Constant denial of my medical Supplies and he stated all he can do is get me a Nurse because his Job is Security. He retrieved a ⁽²⁾ Jane Doe Nurse which I Complained to her about my Supplies and she came back to my Cell #106 and Stated that my Supplies havent come in yet.

7. On April 18, 2010 I initiated a greivence to the greivence Officer, name is of no avail as it stated in the N.R.C. Oreintation manual (Exhibit B) about the Constant denial of my greatly needed Supplies and no response of my past dated Sick Call Request and greivences, and this was of no benifit.

8. On May 3, 2010 I talked with nurse ⁽³⁾ Sarah listed as Jane Doe because her last name is of no avail.

I Complained to her about my Continuous denial of my Supplies and she Stated this is the first time ever hearing about the need of my Supplies and Catheters, but if located she would bring the Supplies to me.

Nurse Sarah never responded back and to no benifit I received no Supplies this day.

9. On May 13, 2010 I initiated a greivence to Marcus Hardy (Warden) about the Constant denial of my medical Supplies and medical attention for this long period of time but no avail.

10. On May 26 I again rectified my severe issues to C/O Bennet of the 7to3 Shift on several occaisions and she retreived a ⁽³⁾Nurse Sarah (Jane Doe) to my Now Changed Cell #112 and im Showing and Complaining of Serious pain from the Boils and infectious mucus and Urine leakage from the use of the Same Unsanitary Catheter.

11. On May 26, 2010 Nurse ⁽³⁾Saraha (Jane Doe) Stated She would bring me all my Supplies if located, and She Stated she would admit my name to the Sick Call list to see the doctor, Dr. Sylv. Mahone because She Can't issue me the antibiotics to cure without a prescription but to no benifit I received no Medical attention this day.

12. June and July 2010 I Continued this same Sick Call and greivence process to receive the Medical attention I needed but was to no benifit.

13. On June 23rd 2010 C/O Bennet Came to my Cell #112 to check on my Sittuation and at this time still no Medical results, so she stated she'll personally Submit my name to the Sick Call list to be Seen by a doctor but again no medical results from Stateville N.R.C. Medical Staff.

14. On July 11, 2010 I rectified my severe issues with the length of time of Continuous denial to Sergeant Griffin of the 7 to 3 Shift and she immediately opened my Cell #112 and took me to the N.R.C. dispensary.

15. I Sat in the dispensary from 1:30 to 2:30 p.m. right before Shift Changes and never seen doctor Sylv. Mahon as predicted and never received my Supplies or antibiotics to cure. The Only medication I received was a blister pack of asprin from ⁽³⁾nurse Sarah and was told by her that I would be put on the Sick Call list immediately to see Dr. Sylv. Mahone the Next day and to no benefit I received no medical attention for my infectious injuries.

This denial for this long period of time caused me great physical pain and mental distress and caused me to give up hope of ever being medically Cured in this institution. Stateville N.R.C. Intake is so inhumane and barbaric these same doctors and medical Staff mentioned in this complaint did not Supply me with any care package of Supplies or my medication, or the now greatly needed antibiotics to cure upon my release back to the Cook County Jail deliberately and Continuing to denie me medical attention going threw the discharging process to be released 7-27-2010.

I didnt receive the medical attention I required

for my Severe injuries I obtained in Stateville N.R.C. Intake Custody until I returned back to the Cook County Jail Tue. 7-27-2010 at 10:30 p.m.

At 1:30 A.M. I received a indept medical exam and X-rays going threw the Cook County Jail Intake process. This exam clearly shows that I Suffered a Severe bladder infection, Swollen penis, very sore kidneys, Various Boils, and Constant urine-mucus leakage! I was finally prescribed a 500mg. antibiotic for the infection, Swelling, Soreness and Boils, and prescribed Diapers (Exhibit C) for the Constant urine leakage because I cant hold my urine anymore due to this severe long term infection.

My Stay at Stateville N.R.C. Intake was the worst I ever expeired being incarcerated due to my medical issues and this denial caused me ongoing pain and Suffering mentally and physically for this long period of time due to Deliberate Indifferences.

1. Each defendant was clothed with the authority of the State when this act occured.
2. Each defendant knew of the plaintiffs Conditions and failed to Correct it.
3. The plaintiff feels that each defendant acted with malicious Intent.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

The defendants are being Sued individually
and in their Official Capacity
Each defendant is being Sued for mental
as well as physical abuse
Each defendant is Sued in excess of [#]5,000,000
(five Million Dollars) for pain and suffering the
Plaintiff has endured, or the maximum value allowed!

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 9 day of 29, 20 10

Terrance L. Smith I.D.O.C. # B-41919
(Signature of plaintiff or plaintiffs)

TERRANCE L. Smith I.D.O.C. # B-41919
(Print name)

20100727242
(I.D. Number)

Div #10 -2A

P.O. BOX 089002

Chicago, IL 60608
(Address)

R&C Special Needs Permit

Inmate Name SMITH, TERRANCE Number B 41919

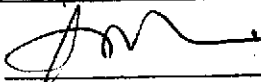
Reason: ☒ 1. One Gallery

☒ 2. Low Bunk

☐ 3. Can Have Crutch(s)

☐ 4. Other: WING - Single cell

Date: 3/1/10 X 30 Days

Provider: 

(EXhibit A)

(EXHIBIT A) 8

ILLINOIS DEPARTMENT OF CORRECTIONS
NRC INTAKE PROPERTY INVENTORY RECORD
STATEVILLE CORRECTIONAL CENTER

1. Receiving Correctional Center: Stateville	2. Committing County: COOK	3. Date Received: 3-1-10
4. Resident (Owner of the Personal Property): T. Smith	5. Register No.: B41919	6. Received/Admitted: R & C

Authorized Property

ADDRESSES - numbers	PROCESSING CHECKLIST
BIBLE OR KORAN	<input checked="" type="checkbox"/> PROPERTY
LEGAL PAPERS	<input checked="" type="checkbox"/> ICE
PHOTOS	<input checked="" type="checkbox"/> TASC
WEDDING RING (PLAIN)	<input checked="" type="checkbox"/> PSYCH
EMBOSSSED STAMPED ENV.	<input checked="" type="checkbox"/> COUNSELOR
EYE GLASSES/CONTACTS	<input checked="" type="checkbox"/> MEDICAL
EYE GLASS CASE/SOFT	<input checked="" type="checkbox"/> LAB
PERSONAL LETTERS & CARDS	<input checked="" type="checkbox"/> DENTAL

UNAUTHORIZED PROPERTY
 1 Medical Catheter

DESCRIPTION	METHOD OF DISPOSAL		
	Sent Home	Returned with County	Destroyed
1 pair of boots	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the Personal Property Sheets am signing contain a true and complete listing of my personal property.

Resident's Signature: Terrance Smith Number: B-41919
 Date: 3-1-10
 Witness: C/O J. Johnson

NRC Orientation Information

fixed * As an inmate newly admitted to Northern Reception Classification Center, you are in phase one orientation. You will remain in phase one for 60 days or until you are transferred to a permanent institution. In this phase, privileges and movement are limited. You will not have an assignment or receive state pay.

MAIL:

You will be given paper, envelopes and pencils by security staff. If you write a letter, you must fill out a voucher to pay for the postage. You may advise people to write you at: Stateville Correctional Center. P.O. Box 112, Joliet, Illinois 60434. Your institutional number must be written by your name on the envelope. Insure mail address and money voucher are complete or the mail will not be sent out.

VISITS:

Inmates in phase one do not have visiting privileges except for legal visits and emergency situations.

LEGAL:

Legal forms and general information are available by request from the Law Library. You may write to the Law Library for additional assistance if you require any additional information.

Your attorney must request a legal call, in order for you to call him/her. The request should be addressed to the Legal Services Department and should set the date and time for the attorney to receive a collect call.

TELEPHONE:

You will receive one collect, ten minute, call while you are in phase one. Diagnostic inmates will receive 3 collect calls per month.

COUNSELORS:

A counselor will interview you during intake process. A counselor will see you at least once every 60 days. Should you need counseling services between contacts, you can write to Clinical Services for assistance.

HEALTH CARE:

* You will receive a complete medical and dental exam while you are in phase one. *✓ Affirmed*
Should you need medical services, you may give a written request to the gallery officer or request assistance from medical staff who make rounds in the cell house. *↑ Falsehood*

MENTAL HEALTH SERVICES:

You will receive a mental health assessment while you are in phase one. You will be referred for continued mental health services when the mental health staff recommend this. Should you need mental health services you may give a written request to the gallery officer or request assistance from medical staff who make rounds in the cell-house.

CLASSIFICATION:

You will be classified for one of twenty-four adult facilities based on your sentence, criminal history and bed space. Due to security issues, you can not be told the location or date of transfer in advance.

RELIGIOUS SERVICES:

Chaplains from several denominations and faiths make rounds in the cell house and distribute religious literature. You may write to the Chaplain's office for additional assistance. Bible and Korans are available through the Chaplain.

(Exhibit B)

If you have concerns regarding your safety, contact and staff member immediately. You will be assigned a cell by security staff. You must keep this cell in a safe and clean condition. Defacement of any area is grounds for disciplinary action.

You may request protective custody if you have safety concerns. You should report any assault, including sexual assaults or attempted assaults. You do not need to name the attacker to receive assistance.

MEALS:

Three meals a day will be served in you cells.

affirmative

JUMPSUITS and BEDDING:

★ You will be given a clean jumpsuit and clean sheets every week. You will be offered a shower weekly. You have been issued a bag with hygiene items. You may ask your gallery officer for a new bag when you have depleted the items.

Falsehood

PRISONER REVIEW BOARD:

The PRB meets once per month. The Board sets their own docket. Most inmates are heard at their permanent institution rather than at Stateville.

DISCIPLINE:

You have been given a copy of the institutional rules and DR504. Inmates in phase one who are guilty of a major rule violation (100 and 200 series rule), will be restricted to \$15 for one year, and non-contact visits for two years. Good time revoked in phase one will not be restored without approval of the Associate Director.

PERSONAL PROPERTY:

Inmates in diagnostic status (over 60 days) can purchase items (excluding tobacco products and audio/visual) from the commissary on a weekly basis. Food items will not be shipped when you transfer to another institution. They must be consumed or discarded.

GRIEVANCES:

✓ Falsehood

★ Grievance forms are available in the cell house. If you want to file a grievance, you should address it initially to the counselor. If the counselor's response does not resolve your concern, you may advance the grievance to institutional grievance officer.

RENUNCIATION of AFFILIATION with SECURITY THREAT GROUPS:

The department of inmates encourages inmates to renounce affiliation with any Security Threat Group (STG) and cease participation in its activities. In order to initiate renunciation of affiliation with an STG, a written request must be submitted to the inmate's counselor or unit Superintendent who shall ensure that appropriate processing of it occurs.

SMOKING POLICY:

Inmates housed in Stateville NRC are not allowed to possess tobacco products or matches. Possession of such items will result in a major disciplinary report.

TEMPORARY IDENTIFICATION CARDS for OFFENDERS:

In order to assist released offenders in the transition to the community, temporary identification cards may be issued to offenders who provide the required documentation and fee. The purpose of the ID card is to provide the released offender a chance to provide proof of his identity once released. Contact Field Services or your counselor for more information.

(Exhibit C)
 not ledgeble
 but dated



CK PIN- SMITH, TERRANCE
 DOB-06/27/73 Age- 37 FC- 07/27/10
 Act# 20100727242 9901// MR# 21854

Prescription Order
 Chart Copy

Name: _____ First Name: _____ DOC # _____ Location: _____

3. Allergy: _____ Diagnosis: _____ Date / Time: _____

_____	# _____ <input type="checkbox"/> Given
_____	# _____ <input type="checkbox"/> Given
_____	# _____ <input type="checkbox"/> Given
_____	# _____ <input type="checkbox"/> Given
_____	# _____ <input type="checkbox"/> Given
_____	# _____ <input type="checkbox"/> Given

Signature: _____ Provider Name: _____ Pager #: _____

D / PA Stamp



Patient Label

The original Copy explains
 The treatment given to me
 7-27-2010. at Cook County Jail